



# **MISSOURI HEALTH IMPROVEMENT PLAN**

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# Executive Summary

The Missouri Department of Health and Senior Services (DHSS) is devoted to its aspiration, “We will protect health and keep the people of Missouri safe.” This document was assembled as part of the Department reaccreditation process through the Public Health Accreditation Board (PHAB). One aspect that PHAB requires of its applicants is the completion of a state health assessment. This document describes Missouri’s State Health Assessment process, which used state-level modification of the National Association of City and County Health Officials’ (NACCHO) guidance called Mobilizing for Action through Planning and Partnership (MAPP).

The resulting documents of this process are the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). The SHA utilizes a variety of health indicators to analyze and identify leading health issues. The SHA also pinpoints resources and priorities of the SHIP. The SHIP is a five-year systematic plan to address issues identified in the SHA. Based on the SHA, the SHIP describes how the state health department, stakeholders and the communities served can work together to improve the health of the population, signaling opportunities for partnership within state public health systems.

The Missouri Department of Health and Senior Services (DHSS) followed the MAPP model to identify the key health issues facing Missouri’s citizens and its collective health system. The MAPP process is designed to lead to development and implementation of a strategic plan for public health improvement. Development of the strategic plan for SHIP requires engagement of both professional stakeholders and citizens who hold strong commitments to the community’s health and overall well-being.

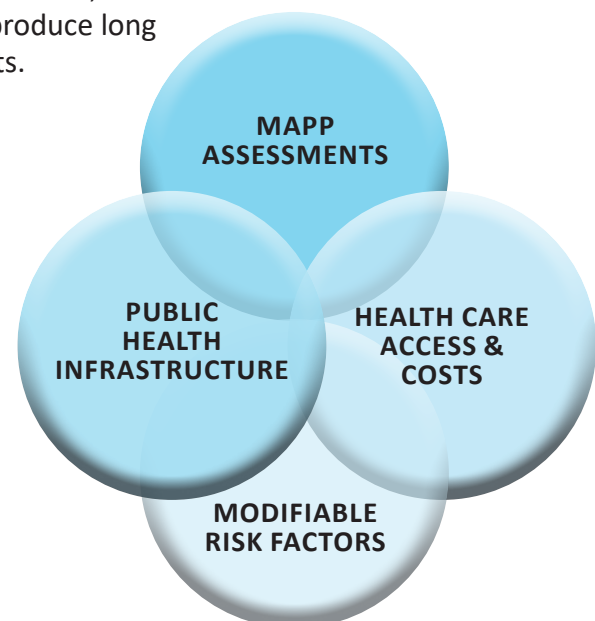
As part of the process, and to ensure that a diverse set of stakeholder voices were heard, a group of local public health agencies, academic institutions, non-profits and other state agencies was assembled. This State Health Partner Group (SHPG) offered their time and expertise through a number of assessments, surveys, conversations and digital meetings.

## Summary of Outcomes

Some areas of Missouri’s health system have seen improvements since the last assessment. However, despite the work of the system as a whole, some Missouri residents still do not have the same opportunities for health. Disparities and inequity continues to be a concern throughout many health indicators and along a variety of dividing lines. The Southeast Region continues to have the poorest health outcomes, just as it did in the 2016 assessment. It has the highest mortality rate and lowest life expectancy. On top of all of the other concerns, Missouri has been responding to the COVID-19 outbreak, which may produce long lasting effects.

## Key Issues

Seventeen issues were identified as being areas of particular concern. These issues are the result of the four assessments done as subsections of this document. Each one is a critical factor in Missouri’s overall health. In this document’s companion, the SHA, Key Health Issues have been identified and outlined in greater detail with supporting data.



# Introduction

2020 was a year of unprecedented challenges. The COVID-19 outbreak swept the globe. Most of the world experienced changes; education became virtual, those that could began to work from home and those that could not saw their work places change. For public health and healthcare sectors, significant effort was focused on trying to not only fight COVID-19, but also continue to provide all the other required services.

This was the setting in which DHSS worked towards reaccreditation. Strategic planning and honest assessment can be difficult when faced with such an all-encompassing test. However, the focus of the State Health Assessment (SHA) and this companion document shine a light on a post-COVID-19 world. The work of public health never stops and the goal of this process is to be prepared for the next challenge the public health system faces.

## Public Health Accreditation Board (PHAB)

The PHAB is a non-profit entity that provides oversight for a voluntary accreditation process for public health agencies. PHAB promotes the quality and performance of all public health departments and has a stated vision of, "...a high-performing governmental public health system that will make the United States a healthier nation."

DHSS attained accreditation in 2016 and has provided annual reports each year to the PHAB. The reaccreditation process occurs every five years and requires the department to show how it has continued to utilize the capacity indicated in the initial accreditation, as well as focusing on continuous quality improvement. While there are many components to reaccreditation, two that are vital to ensuring DHSS receives accreditation are the SHA and SHIP. The first document describes the current view of Missouri's health system, its capacity and the overall health of Missourians. Additionally, it names the Key Health Issues affecting the state.

This companion document, the SHIP, groups the identified Key Health Issues into Strategic Priority

Issues. The aim of the SHIP is to provide steps to address the key issues over the next five years.

## State Health Partner Group (SHPG)

To make these documents truly meaningful, external stakeholders from the entire Missouri health system have gathered over the last two and a half years to provide input. Through surveys, in-person meetings, questionnaires and conference calls, the stakeholders ensured that Missourians were represented from all corners of the state.

This group has been labeled the Missouri SHPG, and its membership continues to grow. The next page lists organizations that have, to date, participated in-person or through the provision of data.





# State Health Partner Group (SHPG)

Adair County Health Department  
Atchison County Health Center  
Audrain County Health Department  
Barton County Health Department  
Bollinger County Health Center  
Brown School At Washington University | St. Louis  
Butler County Health Center  
Caldwell County Health Department  
Camden County Health Department  
Cape Girardeau County Public Health Center  
Carter County Health Center  
Cedar County Health Department  
Center For Environmental Analysis | Southeast Missouri State University  
City Of Kansas City Health Department  
Clark County Health Department  
Clay County Public Health Center  
Clinton County Health Department  
Cole County Health Department  
Columbia/Boone County Public Health & Human Services  
Cooper County Public Health  
Dunklin County Health Center  
Franklin County Health Department  
Grundy County Health Department  
Health Literacy Media  
HealthierMO  
Henry County Health Center  
Jackson County Health Department  
Jasper County Health Department  
Jefferson County Health Department  
Joplin Health Department  
Lafayette County Health Department  
Lawrence County Health Department  
Lincoln County Health Department  
Livingston County Health Center  
Macon County Health Department  
Madison County Health Department  
Marion County Health Department  
Mercer County Health Department  
Miller County Health Center  
Mission Missouri  
Missouri Alliance - Home Care  
Missouri Assisted Living Association  
Missouri Association of Area Agencies on Aging  
Missouri Association of Local Public Health Agencies  
Missouri Association of Nursing Home Administrators  
Missouri Center For Public Health Excellence  
Missouri Coalition Against Domestic and Sexual Violence  
Missouri Coalition for Oral Health  
Missouri Council for Activity and Nutrition  
Missouri Council for In-Home Services  
Missouri Dental Association  
Missouri Department of Corrections  
Missouri Department of Elementary & Secondary Education  
Missouri Department of Health And Senior Services  
Missouri Department of Higher Education & Workforce Development  
Missouri Department of Mental Health  
Missouri Department of Social Services | Technical Assistance Team  
Missouri Department of Social Services | MO HealthNet Division  
Missouri Developmental Disabilities Council  
Missouri Family Health Council  
Missouri Foundation for Health  
Missouri Health Care Association  
Missouri Hospital Association  
Missouri Institute for Community Health  
Missouri League for Nursing  
Missouri Primary Care Association  
Missouri Public Health Association  
Morgan County Health Center  
New Madrid County Health Department  
Newton County Health Department  
Nodaway County Health Center  
Ozark County Health Department  
Ozarks Public Health Institute | Missouri State University  
Perry County Health Department  
Pettis County Health Center  
Putnam County Health Department  
Ralls County Health Department  
Randolph County Health Department  
Reynolds County Health Center  
Ripley County Health Center  
Saline County Health Department  
Shelby County Health Department  
Saint Louis University College for Public Health And Social Justice  
Springfield-Greene County Health Department  
St. Joseph Health Department  
St. Louis City Department of Health  
St. Charles County Department of Public Health  
St. Charles County Department of Public Health  
St. Francois County Health Center  
Ste. Genevieve County Health Department  
Stone County Health Department  
Sullivan County Health Department  
Taney County Health Department  
University of Missouri - Kansas City Institute for Human Development  
University of Missouri - Kansas City School Of Medicine  
Vernon County Health Department  
Warren County Health Department  
Webster County Health Unit  
Wright County Health Department

# Strategic Priority Issues

The four assessments (state health status assessment, state themes and strengths assessment, state public health system assessment and state forces of change assessment) from the Mobilizing for Action through Planning and Partnership (MAPP) guidelines identified the 17 key health issues named in the State Health Assessment (SHA). These issues were then grouped into six strategic priority issues. Teams were assembled around each theme. These teams were made up of members of the State Health Partner Group (SHPG), internal and external stakeholders and subject matter experts. The teams were tasked with exploring the issues from the SHA that had contributed to their strategic priority issue, as well as identifying the overarching goals, objectives and activities to address those issues.

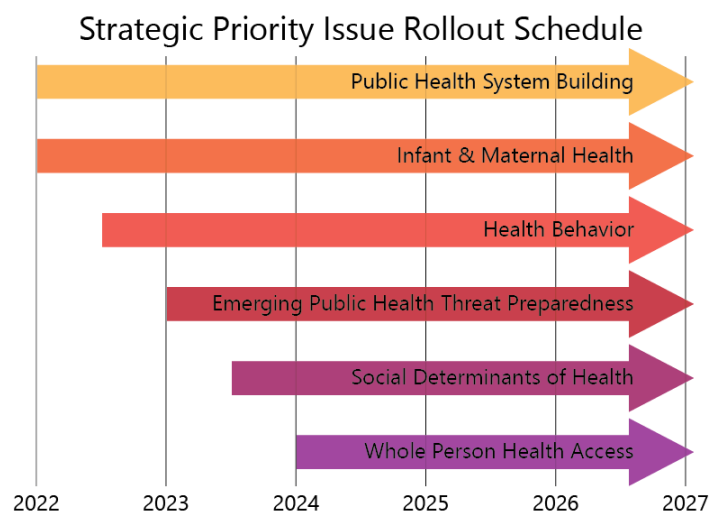
These priority issues differ from the Key Health Issues named in the SHA in a number of ways. Firstly, the SHA's indicators are just that: indicators of the general health of Missouri's citizens and health system.

The strategic priority issues identified:

- Represent a focus and energy that must come from decisions made by the highest level of the health system. These are large concerns.
- Center on tension in some manner. This could be a difference in opinion, a fundamental shift from "how things have always been," or focused on the responsibility or role of government in the health system.
- Present no obvious best solution.
- Remain areas that the health system can, in some way, address as a collective group.

These strategic priority issues form the foundation of the State Health Improvement Plan (SHIP). The teams around each strategic priority issue met weekly for three months in 2021 to determine what aspects of the larger issue could be strategically addressed. This created the goals portion of this document. The objectives became the actionable activities that the health system could take to address those goals. Lastly, activities and resources were identified as the best methods to achieve those objectives.

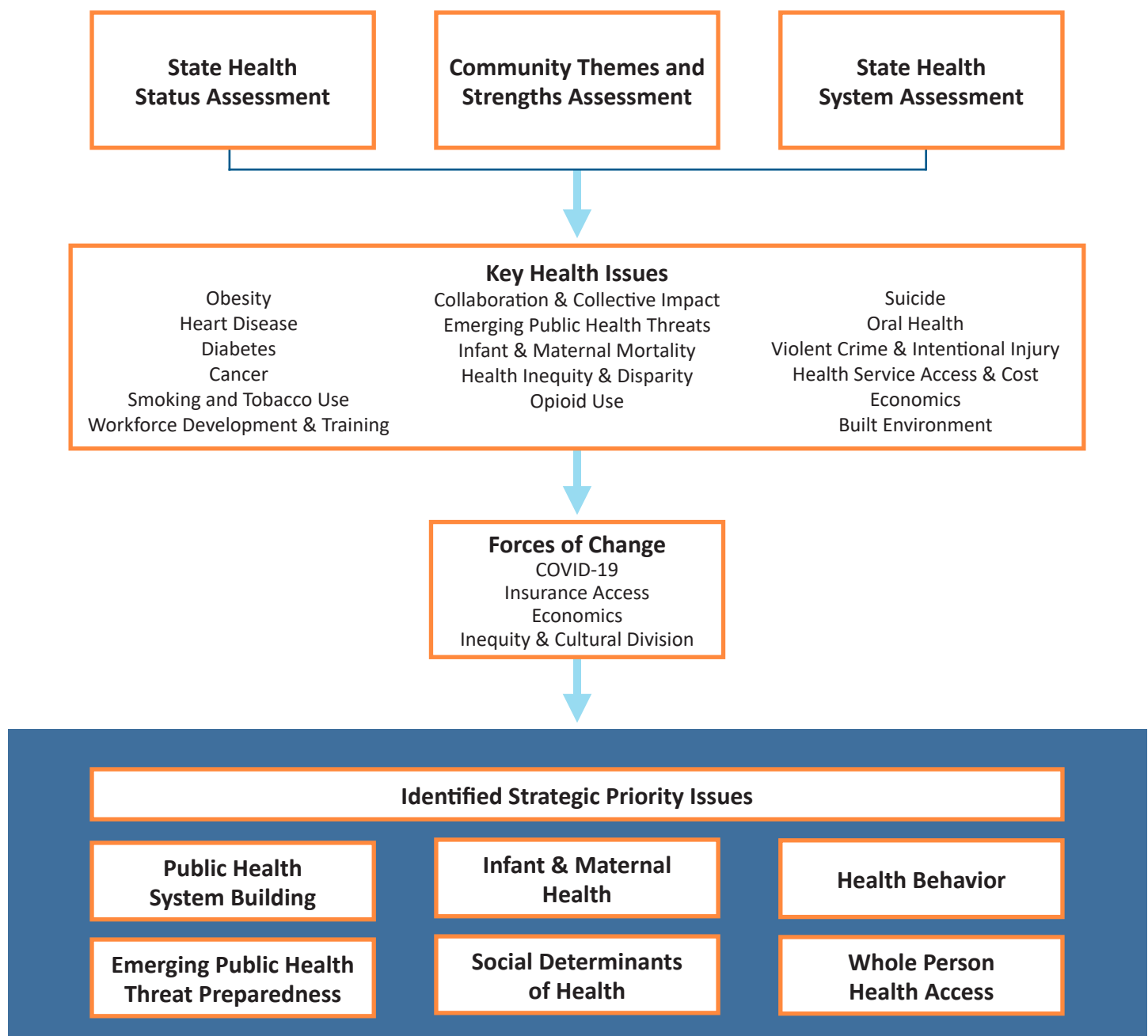
The end product of this multi-year collaborative effort is this document. One primary focus of the Department and the health system as a whole is for the SHIP to be a living document. To that end, each year an annual report will be published as an appendix to this original document. These annual reports will allow for the presentation of data on portions of the SHIP that have been rolled out, as well as for the system to present changes needed to the original goals and objectives. The COVID-19 public health emergency has proven that flexibility is vital in public health, and the SHIP must be able to incorporate that lesson. [Guidance d](#)



# Strategic Priority Issues

There are a number of objectives in this document, and it will take the entire system to implement them. For that reason, and to help ensure that each priority issue has time to be the primary focus, the Department has opted for a phased rollout of the priority issues, as seen in the strategic priority rollout schedule. Each priority issue will work through the entire five-year period, but the focus and energy of the system will transition throughout that time.

The logic model presented below, demonstrates how three of the MAPP assessments led to the identification of Missouri's Key Health Issues, which were then viewed through the lens of the forces of change assessment (which itself had identified COVID-19, insurance access, economics, and inequity and cultural division as the key Missouri forces of change in the next five years). That evaluation led to the creation of the six strategic priority issues.





## **Strategic Priority Issue No. 1**

### **Public Health System Building (PHSB)**

According to the Centers for Disease Control and Prevention (CDC), “Public health systems are commonly defined as ‘all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.’”<sup>i</sup> The priority issue regarding the overall public health system grew out of an identification of concerns around the Missouri public health workforce and its capacity to collaboratively affect change. The following goals and objectives are focused on creating a sustainable high-performing public health system.

#### **Key Health Issues targeted**

- Workforce Development & Training
- Collaboration & Collective Impact



# Strategic Priority Issue No. 1

## Public Health System Building (PHSB)

### **PHSB Goal 1: Integrate the Foundational Public Health Services (FPHS) model throughout the Missouri public health system.**

The integration of the FPHS throughout the Missouri health system will help address many of the larger concerns about the system as a whole. This includes, but is not limited to, issues of workforce development, evidence based decision-making, equity and inclusion built into the system, and strategic thinking.

Learn more on  
**Page 10**

### **PHSB Goal 2: Strengthen Missouri's public health systems by increasing the number of accredited local public health agencies in Missouri.**

Accreditation within public health can lead to many benefits for the agencies who undergo it, as well as for their constituents. The Public Health Accreditation Board survey data shows that quality improvement, transparency, accountability and the team's capacity to provide high quality services all increase, among other benefits.

Learn more on  
**Page 11**

### **PHSB Goal 3: Improve the Missouri public health data system.**

Data is foundational to all public health decision making. To that end, this goal seeks to increase both the capacity and effectiveness of the overall public health data system.

Learn more on  
**Page 12**

# Strategic Priority Issue No. 1

## Public Health System Building (PHSB)

### PHSB Goal 1: Integrate the Foundational Public Health Services (FPHS) model throughout the Missouri public health system.

#### Overview

The integration of the FPHS throughout the Missouri health system will help address many of the larger concerns about the system as a whole. This includes, but is not limited to, issues of workforce development, evidence based decision-making, equity and inclusion built into the system, and strategic thinking.

#### Objectives

1. Reach 80 percent of all local public health agency (LPHA) leadership teams who have completed a FPHS certificate by Dec. 31, 2027, with the long-term goal of 100 percent completion.
2. Achieve 60 percent of LPHAs demonstrating integration of the FPHS capacities into their agency operations by Dec. 31, 2027.

**Objective 1: 80 percent of all local public health agency (LPHA) leadership teams will complete the FPHS certificate by Dec. 31, 2027, with a long-term goal of reaching 100 percent.**

#### Metrics:

- Percent of leadership teams who have completed the FPHS certificate.

#### Activities & Resources:

- Foundational Public Health Services Model.
- HealthierMO Initiative will create the certificate by June 1, 2022.
- HealthierMO will conduct trainings.
- Missouri Department of Health and Senior Services (DHSS) will promote these trainings.
- Collaborate with LPHA teams to add the FPHS training to professional development.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Public Health Accreditation Board (PHAB) Standards and Measures.

**Objective 2: At least 60 percent of local public health agencies will demonstrate integration of the FPHS capacities into their agency operations by Dec. 31, 2027.**

#### Metrics:

- Percent of LPHAs who have demonstrated integration of the FPHS model into their operation.

#### Activities & Resources:

- HealthierMO Initiative interactive tools.
- LPHAs performing gap analysis between existing activities and the model's capacities.
- Facilitation of activities by the DHSS Center for Local Public Health and Office of Performance Management.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.
- Foundational Public Health Services Model.

# Strategic Priority Issue No. 1

## Public Health System Building (PHSB)

**PHSB Goal 2: Strengthen Missouri's public health systems by increasing the number of accredited local public health agencies in Missouri.**

### Overview

Accreditation within public health can lead to many benefits for the agencies who undergo it, as well as for their constituents. The Public Health Accreditation Board survey data shows that quality improvement, transparency, accountability and the team's capacity to provide high quality services all increase, among other benefits.<sup>ii</sup>

### Objectives

1. Create a mentorship/coordination process for local public health agencies to progress towards accreditation by Jan. 1, 2024.
2. Reach 35 percent of all LPHAs who have received accreditation (MICH or PHAB) by Dec. 31, 2027.

**Objective 1: Create a mentorship/coordination process for local public health agencies to progress towards accreditation by Jan. 1, 2024.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- Facilitation of activities by the DHSS Center for Local Public Health and Office of Performance Management.
- DHSS Accreditation Coordinator.
- Creation of a taskforce.
- New administrator trainings for local public health administrators to connect to this process.
- List of regional LPHAs who have undergone accreditation to act as subject matter experts in their region.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.
- Foundational Public Health Services Model.
- Missouri Institute for Community Health (MICH).

**Objective 2: 35 percent of all LPHAs will receive accreditation (MICH or PHAB) by Dec. 31, 2027.**

#### Metrics:

- Percent of LPHAs who have received accreditation from either agency.

#### Activities & Resources:

- Financial incentives from DHSS to offset cost of accreditation.
- DHSS Accreditation Coordinator.
- Mentorship/coordination process from Goal 2, Objective 1.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.
- Foundational Public Health Services Model.
- Missouri Institute for Community Health (MICH).

# Strategic Priority Issue No. 1

## Public Health System Building (PHSB)

### PHSB Goal 3: Improve the Missouri public health data system.

#### Overview

Data is foundational to all public health decision making. To that end, this goal seeks to increase both the capacity and effectiveness of the overall public health data system.

#### Objectives

1. Conduct a comprehensive assessment of the public health data system and the public health data system needs by Jan. 1, 2024.
2. Create a collaborative network between LPHAs, academic institutions, state agencies and non-profits to address the findings of the public health data system gap analysis by Dec. 31, 2027.

**Objective 1: Conduct a comprehensive assessment of the public health data system and the public health data system needs by Jan. 1, 2024.**

##### Metrics:

- Not applicable.

##### Activities & Resources:

- DHSS data specialists.
- Survey of end user needs.
- Full assessment of internal data capabilities.

##### Alignment at the national, state and local levels:

- DHSS Placemat Goal: Foster a sustainable high performing department.
- Essential Public Health Services.

**Objective 2: Create a collaborative network between LPHAs, academic institutions, state agencies and non-profits to address the findings of the public health data system gap analysis by Dec. 31, 2027.**

##### Metrics:

- Not applicable.

##### Activities & Resources:

- Goal 3, Objective 1 gap analysis.
- Practice based public health focused research network.
- DHSS Office of Performance Management.

##### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.
- Foundational Public Health Services Model.
- Missouri Institute for Community Health (MICH).



## Strategic Priority Issue No. 2

### Infant & Maternal Health

Infant Mortality is an internationally regarded measure of a population's health, providing insight into a country or state's ability to care for the health and well-being of its citizens and ensure the safety of future generations.<sup>iii</sup> Infant mortality refers to the death of an infant before his or her first birthday. The infant mortality rate is defined as the number of deaths among all live births in one year. Rates of infant deaths have been decreasing since 2013 for Black or African American infants, while the rate for white infants increased slightly.

#### Key Health Issues targeted

- Infant and Maternal Mortality



# Strategic Priority Issue No. 2

## Infant & Maternal Health (IMH)

Even with the decline in infant deaths, Black or African American infants had a significantly higher rate than white infants did. The ratio between Black or African American and white infant mortality rates (IMR) in 2013 was 2.1 while the ratio in 2018 was 1.9, indicating an almost 10 percent decrease in the ratio between races.<sup>iv</sup> There is some evidence that the persistent disparity in infant mortality rates between Black or African American and white babies in the United States is driven primarily by the frequency of prematurity-related adverse outcomes in the Black or African American population.<sup>v</sup> Babies born between 34 to 36 weeks gestation have an infant mortality rate three times higher than babies born full term.<sup>vi</sup> Many of the leading causes of infant mortality can be prevented by taking good care of the mother's health before and during pregnancy. The five leading causes of infant deaths in Missouri were birth defects,

preterm birth and low birth weight, unintentional injuries, maternal pregnancy complications, and sudden infant death syndrome. The top three leading causes account for more than half of infant deaths.

Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease.<sup>vii</sup> Approximately 300 children in the United States die each year from vaccine preventable diseases.<sup>ix</sup> Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>x</sup>

### **IMH Goal 1: Reduce infant mortality by improving overall infant health during the first year of their life.**

A number of different factors contribute to infant mortality, and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care.

Learn more on  
**Page 15**

### **IMH Goal 2: Support equitable maternal health during the pre-conception, antepartum and through one-year post-partum (perinatal) periods to improve health outcomes of birthing persons.**

Infant and maternal health are intrinsically linked, and both must be addressed.

Learn more on  
**Pages 16-17**

# Strategic Priority Issue No. 2

## Infant & Maternal Health (IMH)

**IMH Goal 1: Reduce infant mortality by improving overall infant health during the first year of life.**

### Overview

A number of factors contribute to infant mortality, and this goal seeks to address the leading causes. One of the biggest ways to reduce infant mortality is to ensure the mother receives adequate prenatal care. Other ways to reduce risk include eliminating the use of alcohol and drugs during pregnancy, ceasing all tobacco use before or during pregnancy, taking folic acid, maintain a healthy weight, controlling other chronic conditions like hypertension and diabetes, reducing exposures to infections, completing newborn screenings, and creating a safe sleep environment for the infant. Additionally, overall infant health is included in this same goal.

### Objectives

1. Reduce accidental death of infants by 20 percent from 104.05 deaths per 100,000 live births to a rate of 83.24 by Dec. 31, 2027.
2. Increase the percent of 24 month olds who are up to date on vaccines from a baseline of 5.1 percent as of 2019 to 9.0 percent by Dec. 31, 2027.

**Objective 1: Reduce accidental death of infants (birth to 12 months) by 20 percent from 104.05 deaths per 100,000 live births to a rate of 83.24 by Dec. 31, 2027.**

#### Metrics:

- Accidental death rate (per 100k live births) - Department of Social Services Child Fatality Review Program (CFRP).

#### Activities & Resources:

- DHSS Title V Block Grant.
- CFRP data.
- Creation of a website directory of car safety trainings, and child seat provision.
- Encourage safe sleep certification of hospitals.
- Missouri Safe Sleep Coalition.

#### Alignment at the national, state and local levels:

- Percent of infants placed to sleep on their backs.
- Percent of infants placed to sleep on a separate approved sleep surface.
- Percent of infants placed to sleep without soft objects or loose bedding.
- Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births.
- Neonatal and infant mortality rate per 1,000 live births.

**Objective 2: Increase the percent of 24 month olds who are up to date on vaccines from a baseline of 5.1 percent as of 2019 to 9.0 percent by Dec. 31, 2027.**

#### Metrics:

- Percent of 24 month olds up-to-date on vaccines (Missouri Child Health Assessment Program Survey (MoCHAPs)).

#### Activities & Resources:

- DHSS Title V Block Grant.
- Encourage well child visits.
- Creation of a user-friendly reminder of vaccination timing for parents.
- Patient outreach and follow-up.
- Engagement of Community Health Workers and Doulas.

#### Alignment at the national, state and local levels:

- The percentage of children two years of age who have had the following immunizations: 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (HepB); 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); 1 hepatitis A (HepA); 2 or 3 rotavirus (RV); and 2 influenza (flu) vaccines by their second birthday.

# Strategic Priority Issue No. 2

## Infant & Maternal Health (IMH)

**IMH Goal 2: Support equitable maternal health during the pre-conception, antepartum and through one-year post-partum (perinatal) periods to improve health outcomes of birthing persons.**

### Overview

Infant and maternal health are intrinsically linked, and both must be addressed. For care to be truly of high value it must be equitable, meaning it is respectful; culturally competent providers are available; quality is consistent regardless of patient race, gender identity, or income; medical, behavioral, and social health are integrated; preferences are honored, and it does no harm. The needs of birthing persons are varied, and this goal seeks to address many of the primary causes of concern.

### Objectives

1. Increase the percent of birthing persons who have received selected perinatal preventive services as determined by DHSS over the five-year SHIP period.
2. Increase the percent of birthing persons who self-report having received “respectful maternal care” percentage from baseline by Dec. 31, 2026.
3. Reduce the percent of preventable pregnancy-related deaths related to/associated with underlying mental health issues from 46 percent to 36 percent by Dec. 31, 2027.

**Objective 1: Increase the percent of birthing persons who have received selected perinatal preventive services as determined by DHSS over the five-year SHIP period.**

#### Metrics:

- Annual metric as decided by DHSS.

#### Activities & Resources:

- DHSS Title V Block Grant.
- Women’s preventive services initiative.
- Engagement of Community Health Workers and Doulas.
- American College of Obstetricians and Gynecologists Immunization Coalition.
- Year one collect baseline data.

#### Alignment at the national, state and local levels:

- Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
- Percent of women who had a preventive dental visit during pregnancy.
- Rate of severe maternal morbidity per 10,000 delivery hospitalizations.
- Percent of low birth weight deliveries (<2,500 grams).
- Percent of preterm births (<37 weeks).
- Percent of early term births (37, 38 weeks).
- Perinatal mortality rate per 1,000 live births plus fetal deaths.

**Objective 2: Increase the percent of birthing persons who self-report having received “respectful maternal care” percentage from baseline by Dec. 31, 2026.**

#### Metrics:

- To be determined.

#### Activities & Resources:

- DHSS Title V Block Grant.
- Education to providers on equity and implicit bias.
- Partner with academic institutions to include respectful care education into the curriculum to lay the foundation.

#### Alignment at the national, state and local levels:

- Qualitative phenomenological study with focus group discussions (FGDs) with primipara and multipara women using a semi-structured discussion guide to elicit discussion and audio recording and transcribing interviews verbatim.
- Analyze data using thematic analysis approach to describe the prevalence of various categories of mistreatment during admission, labor and delivery, and postpartum care (losing self-control, being overlooked, being informed of bad news without proper preparation, repeated examination without being properly communicated/informed, disallow companions, and left unattended during labor).
- Facility related issues include women’s perception of incompetence of professionals attending delivery, unhygienic facilities, and unavailability of basic supplies.

# Strategic Priority Issue No. 2

## Infant & Maternal Health (IMH)

**IMH Goal 2: Support equitable maternal health during the pre-conception, antepartum and through one-year post-partum (perinatal) periods to improve health outcomes of birthing persons.**

### Overview

Infant and maternal health are intrinsically linked, and both must be addressed. For care to be truly of high value it must be equitable, meaning it is respectful; culturally competent providers are available; quality is consistent regardless of patient race, gender identity, or income; medical, behavioral, and social health are integrated; preferences are honored, and it does no harm. The needs of birthing persons are varied, and this goal seeks to address many of the primary causes of concern.

### Objectives

1. Increase the percent of birthing persons who have received selected perinatal preventive services as determined by DHSS over the 5 year SHIP period.
2. Increase the percent of birthing persons who self-report having received “respectful maternal care” percentage from baseline by Dec. 31, 2026.
3. Reduce the percent of preventable pregnancy-related deaths related to/associated with underlying mental health issues from 46 percent<sup>xii</sup> to 36 percent by Dec. 31, 2027.

**Objective 3: Reduce the percent of preventable pregnancy-related deaths related to/associated with underlying mental health issues from 46 percent<sup>xii</sup> to 36 percent by Dec. 31, 2027.**

#### Metrics:

- Percent of preventable pregnancy-related deaths due to underlying mental health issues.

#### Activities & Resources:

- DHSS Title V Block Grant.
- Partnership with Department of Mental Health.

#### Alignment at the national, state and local levels:

- American Psychiatric Association All Measures Spreadsheet of Mental Health Performance Measures.
- PAMR Recommendations:
  - » Use of validated screenings of mental health conditions and substance use disorder to be conducted at multiple intervals during pregnancy and postpartum;
  - » Increased community outreach; and
  - » Increased knowledge of how to treat mental health conditions during pregnancy.



## Strategic Priority Issue No. 3

### Health Behavior

This priority issue is focused on helping Missourians with foundational health behaviors. People are a product of their environment, and this ripples throughout the three goals contained in this issue. The SHIP proposes a two-pronged approach to dealing with these goals by addressing both the individual behavior, and the community and environmental systems that have led to the behavior's prevalence.

#### Key Health Issues targeted

- Obesity
- Heart Disease
- Smoking and Tobacco Use
- Diabetes



# Strategic Priority Issue No. 3

## Health Behavior (HB)

### **HB Goal 1: Reduce the risk of chronic diseases and support optimal health by increasing the number of Missourians who consume a diet consistent with the current Dietary Guidelines for Americans.**

The Dietary Guidelines for Americans are research-based. These guidelines outline what we should eat and drink to meet nutritional needs, prevent disease and achieve optimal health. Some do not have the information they need to choose healthy foods. Others do not have access to enough healthy food. Interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Learn more on  
**Pages 20-21**

### **HB Goal 2: Prevent disease, disability and injury, and support optimal health by increasing the number of Missourians who meet CDC's physical activity recommendations.**

Lack of physical activity is correlated to many negative health outcomes, including diabetes, heart disease, obesity, as well as accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers.

Learn more on  
**Pages 22-23**

### **HB Goal 3: Prevent tobacco related illness and death by decreasing tobacco use in Missouri.**

Tobacco use in Missouri continues to be a priority health concern and this goal seeks to reduce the percentage of current users, and prevent initiation of tobacco use among youth and young adults. Additionally, this goal refers to not only the use of cigarettes, but also all tobacco products including e-cigarettes.

Learn more on  
**Pages 24-26**

# Strategic Priority Issue No. 3

## Health Behavior (HB)

**HB Goal 1: Reduce the risk of chronic diseases and support optimal health by increasing the number of Missourians who consume a diet consistent with the current Dietary Guidelines for Americans.**

### Overview

The Dietary Guidelines for Americans are research-based. These guidelines outline what we should eat and drink to meet nutritional needs, prevent disease and achieve optimal health. Some do not have the information they need to choose healthy foods. Others do not have access to enough healthy food. Interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Chronic diseases are the leading causes of death and disability in the U.S. People who eat too many unhealthy foods – like foods high in saturated fat and added sugars – are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

### Objectives

1. Decrease the number of Missouri “food insecure” households to under 10 percent by Jan. 1, 2027, from a 2020 baseline of 12 percent.
2. Decrease the percent of adults with obesity from 34 percent baseline to 32.3 percent by Jan. 1, 2027.

**Objective 1: Decrease the number of Missouri “food insecure” households to under 10 percent by Jan. 1, 2027, from a 2020 baseline of 12 percent.**

#### Metrics:

- Percent of households that are food insecure.

#### Activities & Resources:

- Food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school. Giving more people benefits through nutrition assistance programs, increasing benefit amounts and addressing unemployment may help reduce food insecurity and hunger.
- DHSS Building Communities for Better Health Program.
- DHSS Women, Infants and Children (WIC) program, Child and Adult Feeding Program (CACFP), At-Risk Supper Program, Summer Food Service Program and Commodity Supplemental Food Program (Community Food and Nutrition Assistance).
- DHSS Physical Activity and Nutrition Program.
- Collaborate with statewide partners, such as Department of Social Services, University of Missouri Extension Supplemental Nutrition Assistance Program Education (SNAP-Ed), Missouri Department of Elementary & Secondary Education (DESE) and the Missouri Department of Agriculture, to connect food insecure households to SNAP and other resources.
- Partner with public transit and active transportation agencies and organizations to reduce barriers to accessing healthy foods in both urban and rural communities.

#### Alignment at the national, state and local levels:

- Missouri Department of Social Services—Goal of Economic Independence for Missourians.
- Missouri Council for Activity and Nutrition 2016-2020 Strategic Plan: Change environments and systems to support healthy eating and physical activity (currently developing 2020-2025 strategic plan).
- Healthy People 2030:
  - » Reduce household food insecurity and in doing so reduce hunger.
  - » Baseline: 11.1 percent of households were food insecure in 2018;
  - » HP2030 target is 6 percent of households reporting as food insecure; Eliminate very low food security among children. Baseline: 0.59 percent of households with children under 18 years had very low food security among children in 2018; and
  - » Increase the proportion of eligible students participating in the Summer Food Service Program.

# Strategic Priority Issue No. 3

## Health Behavior (HB)

**HB Goal 1: Reduce the risk of chronic diseases and support optimal health by increasing the number of Missourians who consume a diet consistent with the current Dietary Guidelines for Americans.**

### Overview

The Dietary Guidelines for Americans are research-based. These guidelines outline what we should eat and drink to meet nutritional needs, prevent disease and achieve optimal health. Some do not have the information they need to choose healthy foods. Others do not have access to enough healthy food. Interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and improving health.

Chronic diseases are the leading causes of death and disability in the U.S. People who eat too many unhealthy foods – like foods high in saturated fat and added sugars – are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

### Objectives

1. Decrease the number of Missouri “food insecure” households to under 10 percent by Jan. 1, 2027, from a 2020 baseline of 12 percent.
2. Decrease the percent of adults with obesity from 34 percent baseline to 32.3 percent by Jan. 1, 2027.

**Objective 2: Decrease the percent of adults with obesity from 34 percent baseline to 32.3 percent by Jan. 1, 2027.**

#### Metrics:

- Metric will be defined upon release of 2021 data. Estimated release date is August 2022.

#### Activities & Resources:

- DHSS Missouri Physical Activity and Nutrition Program.
- DHSS Building Communities for Better Health Program.
- DHSS Title V Maternal Child Health Block Grant.
- Collaborate with state and local partners, such as Missouri Department of Agriculture, University of Missouri Extension, community based organizations and the charitable food system, to support increased access to produce through community gardens, Farmers’ Market, Eat Smart in Parks, Stock Healthy Shop Healthy and Supporting Wellness in Pantries Programs.
- Collaborate with state and local partners to support increased affordability of produce through voucher programs, such as WIC/WIC Farmers’ Market, Double Up Food Bucks, and the Senior Farmer’s Market Program.
- Support efforts to increase the number and/or resiliency of specialty crop producers particularly in chronically underserved locations. Partner with food policy coalitions to explore opportunities for supporting regional/local food systems that are responsive to the needs of their communities.
- Local health education initiatives and campaigns.
- Integrate messaging through the Missouri Health Awareness Calendar (see Whole Person Health Access (WPHA) Goal 2, Objective 1).

#### Alignment at the national, state and local levels:

- Healthy People 2030: Improve health by promoting healthy eating and making nutritious foods available:<sup>xiii</sup>
  - » Increase the consumption of fruits by persons aged 2 years and over;
  - » Increase vegetable consumption by people aged 2 years and older;
  - » Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over; and
  - » Reduce the proportion of adults with obesity.
- Missouri Council for Activity and Nutrition 2016-2020 Strategic Plan: Change environments and systems to support healthy eating and physical activity.
- Align with Missouri Foundation for Health’s Childhood Obesity strategic initiative.

# Strategic Priority Issue No. 3

## Health Behavior (HB)

**HB Goal 2: Prevent disease, disability and injury, and support optimal health by increasing the number of Missourians who meet CDC's physical activity recommendations.**

### Overview

Lack of physical activity correlates with negative health outcomes, including diabetes, heart disease, obesity, and accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. In addition, regular physical activity can reduce the risk of dementia, anxiety and depression. It can also improve mental health and cognition. Physical activity benefits all age groups and can reduce the risk of injury and disability by improving strength, balance and joint mobility. The costs associated with physical inactivity account for more than 11 percent of total health care expenditures and are estimated at \$117 billion annually.<sup>xiv</sup>

### Objectives

1. Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 30.6 (2019) to 25.6 by Jan. 1, 2027.
2. Increase the percent of high school and middle school students with 60 minutes of moderate to vigorous physical activity per day.

**Objective 1: Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 30.6 (2019) to 25.6 by Jan. 1, 2027.**

#### Metrics:

- Metric will be defined upon release of 2021 data. Estimated release date is August 2022.

#### Activities & Resources:

- DHSS Missouri Physical Activity and Nutrition Program.
- DHSS Title V Block Grant.
- Support the Missouri Livable Streets Advisory Team to collaborate with statewide partners to develop and implement strategies to increase opportunities for safe, affordable and accessible active transportation that connects to everyday destinations.
- Collaborate with transportation planning agencies and organizations to include public health impacts in state and local transportation planning decisions.
- Collaborate with bike/pedestrian advocacy organizations to assist communities with adopting livable streets policies and implementing active transportation plans.
- Support safe, affordable and accessible public transportation systems and encourage the inclusion of multi-modal accommodations.
- Partner with state and local agencies and organizations to support access to affordable outdoor and indoor physical activity opportunities.
- Partner with health care and community physical activity providers to establish and maintain physical activity prescription programs.

#### Alignment at the national, state and local levels:

- Healthy People 2030.
- Reduce the proportion of adults who engage in no leisure-time physical activity.
- Increase the proportion of adults who meet the current minimum aerobic physical activity guideline needed for substantial health benefits.
- Increase the proportion of adults who meet the current highly active aerobic physical activity guideline needed for more extensive health benefits.
- Increase the proportion of adults who meet the current muscle-strengthening activity guideline.
- Increase the proportion of adults who walk or use a bicycle to get to and from places.
- Increase the proportion of work sites that offer an employee physical activity program
- Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.

# Strategic Priority Issue No. 3

## Health Behavior (HB)

**HB Goal 2: Prevent disease, disability and injury, and support optimal health by increasing the number of Missourians who meet CDC's physical activity recommendations.**

### Overview

Lack of physical activity correlates with negative health outcomes, including diabetes, heart disease, obesity, and accidental injury and disability. Regular physical activity is critical for achieving and maintaining good health. Being physically active at least 150 minutes per week is associated with reduced risk for chronic diseases including cardiovascular disease, hypertension, diabetes and certain cancers. In addition, regular physical activity can reduce the risk of dementia, anxiety and depression. It can also improve mental health as well as cognition. Physical activity benefits all age groups and can reduce the risk of injury and disability by improving strength, balance and joint mobility. The costs associated with physical inactivity account for more than 11 percent of total health care expenditures and are estimated at \$117 billion annually.

### Objectives

1. Decrease percentage of adults who reported no physical activity or exercise outside of work in the past 30 days from 30.6 (2019) to 25.6 by Jan. 1, 2027.
2. Increase the percent of high school and middle school students with 60 minutes of moderate to vigorous physical activity per day.

**Objective 2: Increase from 48 (2019) and 58.3 (2017) the percent of high school and middle school students with 60 minutes of moderate to vigorous physical activity per day.**

#### Metrics:

- Percent of children with 60 minutes of moderate to vigorous physical activity per day (Youth Risk Behavior Surveillance System).

#### Activities & Resources:

- DHSS Missouri Physical Activity and Nutrition Program.
- DHSS Title V Block Grant.
- Collaborate with the Department of Elementary and Secondary Education to support local education agencies (LEAs) and schools with improving quality health education, physical education and physical activity through Comprehensive School Physical Activity Programs by providing technical assistance, professional development and training.
- Encourage the inclusion of daily K-12 physical education in school accreditation standards and LEA's curricula.
- Support LEAs with selecting new school sites that enable students to walk and bike to school.
- Link LEAs to resources that enable them to implement safe routes to schools programs.
- Partner with state and local agencies and organizations to support access to affordable outdoor and indoor physical activity opportunities.
- Partner with health care and community physical activity providers to establish and maintain physical activity prescription programs.
- Encourage schools to include physical activity in after school programs.

#### Alignment at the national, state and local levels:

- Healthy People 2030.
- Increase the proportion of adolescents who meet the current muscle-strengthening activity guideline.
- Increase the proportion of adolescents who meet the current aerobic physical activity guideline.
- Increase the proportion of adolescents who meet current guidelines for aerobic physical activity and muscle-strengthening activity.
- Increase the proportion of children who do enough aerobic physical activity.
- Increase the proportion of children and adolescents who play sports.
- Increase the proportion of adolescents who walk or bike to get places.
- Increase the proportion of parents who follow American Academy of Pediatrics recommendations on limiting screen time for children aged 6 to 17 years.
- Increase the proportion of adolescents who participate in daily school physical education.
- Increase the proportion of child care centers where at least 60 minutes of physical activity a day is provided to children.
- Increase the proportion of children aged 2 to 5 years who get no more than one hour of screen time a day.



# Strategic Priority Issue No. 3

## Health Behavior (HB)

### HB Goal 3: Prevent tobacco related illness and death by decreasing tobacco use in Missouri.

#### Overview

Tobacco use in Missouri continues to be a priority health concern and this goal seeks to reduce the percentage of current users, and prevent initiation of tobacco use among youth and young adults. Additionally, this goal refers to not only the use of cigarettes, but also all tobacco products, including e-cigarettes.

#### Objectives

1. Decrease the percentage of youth who report using cigarettes, e-cigarettes, smokeless tobacco products and electronic vapor products.
2. Decrease the percentage of adults who report having used cigarettes, e-cigarettes and smokeless tobacco products.

#### Objective 1:

- Decrease the percentage of youth (ages 13-18) who report having used cigarettes in the last month from 6.5 percent in 2019 to 3.2 percent by Jan. 1, 2027 (YRBS).
- Decrease the percentage of youth (ages 13-18) who report having used e-cigarettes in the last month from 20.7 percent in 2019 to 15.7 percent by Jan. 1, 2027 (YRBS).
- Decrease the percentage of youth (ages 13-18) who report having used smokeless tobacco products in the last month from 5.5 percent in 2019 to 2.2 percent by Jan. 1, 2027 (YRBS).
- Decrease the percentage of youth (ages 13-18) who report having ever used an electronic vapor product from 49.6 percent in 2019 to 40.2 percent by Jan. 1, 2027 (YRBS).

#### Metrics:

- Percent of teens who report having smoked cigarettes in the last month. (YRBS)
- Percent of teens who report having used e-cigarettes in the last month. (YRBS)
- Percent of teens who report having used smokeless tobacco products in the last month. (YRBS)
- Percent of teens who report having ever used e-cigarettes. (YRBS)

#### Activities & Resources:

- Educate and engage stakeholders and decision makers on evidence-based strategies to prevent initiation of tobacco use, including e-cigarettes.
- Implement policies to raise minimum age of tobacco sales to at least 21.
- Implement policies to prohibit the sale of flavored tobacco products, including menthol and combustibles.
- Engage youth to educate other youth and community stakeholders on the dangers of tobacco use, including e-cigarettes.
- Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes.
- Establish and strengthen tobacco-free policies in schools and on college/university campuses.
- Implement strategies to offer tobacco cessation resources for youth and young adults.
- Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurants.
- Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies.
- Increase engagement with healthcare providers and health systems to expand delivery of evidence-based cessation treatment, including referrals to the state quitline and youth vaping cessation services.
- DHSS Tobacco Prevention and Control Program.
- DHSS Title V Block Grant.
- Preventative Health and Health Services Block Grant.

# Strategic Priority Issue No. 3

## Health Behavior (HB)

### HB Goal 3: Prevent tobacco related illness and death by decreasing tobacco use in Missouri.

#### Overview

Tobacco use in Missouri continues to be a priority health concern and this goal seeks to reduce the percentage of current users, and prevent initiation of tobacco use among youth and young adults. Additionally, this goal refers to not only the use of cigarettes, but also all tobacco products, including e-cigarettes.

#### Objectives

1. Decrease the percentage of youth who report using cigarettes, e-cigarettes, smokeless tobacco products and electronic vapor products.
2. Decrease the percentage of adults who report having used cigarettes, e-cigarettes and smokeless tobacco products.

#### Alignment at the national, state and local levels:

- Reduce current use of e-cigarettes among adolescents.
- Reduce current use of cigarettes among adolescents.
- Reduce current use of smokeless tobacco products among adolescents.
- Increase the number of communities that have smoke-free policies that prohibit smoking in all indoor areas of work sites, restaurants, and bars.
- Reduce the proportion of children, adolescents and adults exposed to secondhand smoke.

#### Objective 2:

- **Decrease percentage of adults who report having used cigarettes in the last month from 17.8 percent in 2019 to 13.8 percent by Jan. 1, 2027 (YRBS)**
- **Decrease percentage of adults who report having used e-cigarettes in the last month from 5.7 percent in 2019 to 2.7 percent by Jan. 1, 2027 (YRBS).**
- **Decrease percentage of adults who report having used smokeless tobacco products in the last month from 4.9 percent in 2019 to 2.9 percent by Jan. 1, 2027 (YRBS)**

#### Metrics:

- Percent of adults who are current tobacco/vaping users.

#### Activities & Resources:

- Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies.
- Increase engagement with healthcare providers and health systems to expand delivery of evidence-based cessation treatment, including referrals to the state quitline and youth vaping cessation services.
- Increase tobacco-free policies in behavioral health treatment facilities and campuses.
- Promote health systems changes in behavioral health care facilities to encourage and support screening and treatment of tobacco use and dependence.
- Implement and expand delivery of tobacco use and dependence treatment services, including quitline and digital-based technologies, such as text and/or web services.
- Implement culturally appropriate, evidence-based strategies to reduce tobacco-related disparities and increase utilization of quit support services.
- Educate and inform stakeholders and decision makers about evidence-based strategies to increase cessation.
- Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurants.
- Educate and engage stakeholders and decision makers on evidence-based strategies to reduce exposure to secondhand smoke.

# Strategic Priority Issue No. 3

## Health Behavior (HB)

### HB Goal 3: Prevent tobacco related illness and death by decreasing tobacco use in Missouri.

#### Overview

Tobacco use in Missouri continues to be a priority health concern and this goal seeks to reduce the percentage of current users, and prevent initiation of tobacco use among youth and young adults. Additionally, this goal refers to not only the use of cigarettes, but also all tobacco products, including e-cigarettes.

#### Objectives

1. Decrease the percentage of youth who report using cigarettes, e-cigarettes, smokeless tobacco products and electronic vapor products.
2. Decrease the percentage of adults who report having used cigarettes, e-cigarettes and smokeless tobacco products.

#### Activities & Resources (continued):

- Implement tailored and/or culturally appropriate evidence-based mass-reach health communications interventions to reach populations experiencing tobacco-related disparities.
- DHSS Tobacco Prevention and Control Program.
- DHSS Title V Block Grant.
- PHHS Block Grant.

#### Alignment at the national, state and local levels:

- Reduce current use of cigarettes among adults.
- Reduce current e-cigarette use among adults.
- Reduce current smokeless tobacco product use among adults.
- Increase the number of communities that have smoke-free policies that prohibit smoking in all indoor areas of work sites, restaurants, and bars.
- Reduce the proportion of children, adolescents and adults exposed to secondhand smoke.



## **Strategic Priority Issue No. 4**

### **Emerging Public Health Threat Preparedness**

Being prepared to respond to, mitigate and recover from unexpected public health threats means having standard operating procedures in place and the ability to adapt those procedures according to any type of hazard. Being prepared also requires trained state and local staff and partners to effectively identify and address the public health impact of a disaster or threat. The goals relevant to this issue will ensure that systems are in place to identify public health threats and provide the resources needed to restore health and safety to Missouri citizens.

#### **Key Health Issues targeted**

- Emerging Public Health Threats
- Opioid Use

# Strategic Priority Issue No. 4

## Emerging Public Health Threat Preparedness (EPHTP)

### **EPHTP Goal 1: Improve the effectiveness and efficiency of the Missouri public health data systems to allow for early identification of emerging public health threats through better epidemiological and syndromic surveillance.**

This goal focuses on the public health system's capacity for early detection of emerging public health threats. Syndromic surveillance and epidemiological investigation are Missouri's first line of defense against disease outbreaks.

Learn more on  
**Page 29**

### **EPHTP Goal 2: Mitigate emerging public health threats by helping build community resilience.**

Community resilience is the capacity of a community to endure, respond to and overcome a variety of tribulations. This can be especially helpful when discussing emerging public health threats and disaster recovery. The objectives under this goal focus on education and training in addition to building self-sufficiency.

Learn more on  
**Page 30**

### **EPHTP Goal 3: Improve the effectiveness of Missouri's response to public health emergencies and crises.**

While the previous goals focus specifically on data and community resilience, Goal 3 is about the overall effectiveness of Missouri's response to crisis.

Learn more on  
**Page 31**



# Strategic Priority Issue No. 4

## Emerging Public Health Threat Preparedness (EPHTP)

**EPHTP Goal 1: Improve the effectiveness and efficiency of the Missouri public health data systems to allow for early identification of emerging public health threats through better epidemiological and syndromic surveillance.**

### Overview

This goal focuses on the public health system's capacity for early detection of emerging public health threats. Syndromic surveillance and epidemiological investigation are Missouri's first line of defense against disease outbreaks.

### Objectives

1. Create a system/portal that is intuitive, user friendly, and promotes an attitude of cooperation, by which communicable disease data collection and/or hospitalizations, including but not limited to Emergency Room/Urgent Care visits, can be systemically and uniformly obtained by every local public health agency (LPHA) by Jan. 1, 2027.

**Objective 1: Create a system/portal that is intuitive, user friendly, and promotes an attitude of cooperation, by which communicable disease data collection and/or hospitalizations, including but not limited to ER/Urgent Care visits, can be systemically and uniformly obtained by every local public health agency (LPHA) by Jan. 1, 2027.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- Internal feasibility review.
- Commitment to creation of a common system.
- Gap analysis of data systems.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services Model.
- CDC Public Health Emergency Preparedness Program.
- Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.

# Strategic Priority Issue No. 4

## Emerging Public Health Threat Preparedness (EPHTP)

### EPHTP Goal 2: Mitigate emerging public health threats by helping build community resilience.

#### Overview

Community resilience is the capacity of a community to endure, respond to and overcome a variety of tribulations. This can be especially helpful when discussing emerging public health threats and disaster recovery. The objectives under this goal focus on education and training in addition to building self-sufficiency.

#### Objectives

1. Design and begin implementing a training for communities around emergency preparedness and recovery that promotes their self-sufficiency by June 1, 2025.
2. Develop a multimedia campaign to better inform the public about public health in general, as well as public health threats, in order to foster a trusting relationship and to achieve the top of the mind status, so that the LPHAs and DHSS become the first and foremost purveyor of health information by Jan. 1, 2027.

**Objective 1: Design and begin implementing a training for communities around emergency preparedness and recovery that promotes their self-sufficiency by June 1, 2025.**

#### Metrics:

- Number of trainings offered.
- Number of participants in the trainings.

#### Activities & Resources:

- Training design.
- Work with existing community programs within DHSS for distribution.
- Partnerships with local stakeholders and community organizers.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services Model.
- CDC Public Health Emergency Preparedness Program.

**Objective 2: Develop a multimedia campaign to better inform the public about public health in general, as well as public health threats, in order to foster a trusting relationship and to achieve the top of the mind status, so that the LPHAs and DHSS become the first and foremost purveyor of health information by Jan. 1, 2027.**

#### Metrics:

- Number of organizations participating in the campaign.

#### Activities & Resources:

- DHSS Office of Public Information.
- Community leaders.
- Partnerships with academia and DESE for inclusion of science education.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services Model.
- CDC Public Health Emergency Preparedness Program.
- ASPR Hospital Preparedness Program.

# Strategic Priority Issue No. 4

## Emerging Public Health Threat Preparedness (EPHTP)

### EPHTP Goal 3: Improve the effectiveness of Missouri's response to public health emergencies and crises.

#### Overview

While the previous goals focus specifically on data and community resilience, Goal 3 is about the overall effectiveness of Missouri's response to crisis.

#### Objectives

1. Create/identify a system for providing support and resources to organizations, which integrate continuous improvement into their response to public health emergencies and crises by Jan. 1, 2027.
2. Analyze existing communication channels for key public health emergency stakeholders and develop recommendations to streamline the information pathways by Jan. 1, 2027.

**Objective 1: Create/identify a system for providing support and resources to organizations, which integrate continuous improvement into their response to public health emergencies and crises by Jan. 1, 2027.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- DHSS Office of Performance Management.
- Provide public recognition for organizations integrating continuous improvement into their crisis response.
- Work toward quality control around after action reports.
- State Emergency Management Agency (SEMA).

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services Model.
- CDC Public Health Emergency Preparedness Program.
- ASPR Hospital Preparedness Program.

**Objective 2: Analyze existing communication channels for key public health emergency stakeholders and develop recommendations to streamline the information pathways by Jan. 1, 2027**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- DHSS Office of Public Information.
- DHSS Emergency Response Center.
- SEMA.
- Collaboration with LPHA and other emergency response organizations.
- Regularly update directory of local stakeholders.
- Local Public Health Listserv.
- Analysis of existing communication channels.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services Model.
- CDC Public Health Emergency Preparedness Program.
- ASPR Hospital Preparedness Program.



## **Strategic Priority Issue No. 5**

### **Social Determinants of Health**

The Centers for Disease Control and Prevention (CDC) defines Social Determinants of Health (SDoH) as “conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.” SDoH include factors like socioeconomic status, education, neighborhood and physical environment, employment, social supports, and access to quality health care.

#### **Key Health Issues targeted**

- Health Inequity & Disparity
- Built Environment/Neighborhood
- Economics
- Violent Crime/Intentional Injury

# Strategic Priority Issue No. 5

## Social Determinants of Health (SDoH)

From the Life Course Perspective, addressing SDoH is integral to improving health and reducing long-standing health disparities. In alignment with the new DHSS Culturally and Linguistically Appropriate Services Standards Policy, the diverse populations served by DHSS will be considered at all stages of program and service delivery, and programs will consider the needs of their target population(s) and how programs will be inclusive of and non-stigmatizing towards program participants. All programs and services will be culturally and linguistically aware and appropriate, to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Special focus will be given to marginalized and underrepresented populations and communities. The Culturally and Linguistically Appropriate Services (CLAS) standards will be applied as general guidelines for all programs and services

to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services that are broadly inclusive of diverse racial, ethnic, sexual, and other cultural and linguistic groups. The person-centered approach ultimately sees human beings as having an innate tendency to develop towards their full potential. The key principles of person-centered care include valuing people – treating them with dignity and respect by being aware of and supporting personal perspectives, values, beliefs and preferences; autonomy - providing choice and respect for choices made; life experience - understanding the importance of a person's past, their present-day experience, and their hopes for the future; understanding relationships - collaborative relationships, social connectedness and opportunities to engage in meaningful activities; and environment - organization-wide commitment to individual and organizational learning underpinned by person-centered principles.

### **SDoH Goal 1: Advance health equity in Missouri by creating and promoting a set of actionable resources which address the social determinants of health.**

Health equity can be defined in several ways. One commonly used definition of health equity is when all people have “the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance’”.<sup>xv</sup>

Learn more on  
**Pages 34-35**

### **SDoH Goal 2: Improve health equity by building and leveraging collaborative public health efforts.**

Effective partnerships are essential for community-based solutions to make health equity a shared vision and value, increase the community's capacity to shape outcomes, and foster multi-sector collaboration.

Learn more on  
**Page 36**



# Strategic Priority Issue No. 5

## Social Determinants of Health (SDoH)

**SDoH Goal 1: Advance health equity in Missouri by creating and promoting a set of actionable resources which address the social determinants of health.**

### Overview

One commonly used definition of health equity is when all people have “the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance’.”<sup>xv</sup> Healthy People defines health equity as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”<sup>xvi</sup> Health is influenced by many factors, which may generally be organized into five broad and interconnected categories known as determinants of health: genetics, behavior, environmental and physical influences, medical care and social factors. Social determinants of health encompass economic and social conditions that are shaped by socioeconomic and political factors (e.g., policies, culture, and societal values) and influence the health and well-being of people and the communities with which they interact.

xviii, xix, xx

### Objectives

1. Conduct analysis of existing health equity tools and assessments to address the determinants of health inequity by June 1, 2024.
2. Using the landscape analysis findings, create a Health Equity Toolkit of actionable resources by June 1, 2025.
3. Develop and implement a dissemination plan to share the Health Equity Toolkit with organizations by Jan. 1, 2027.

**Objective 1: Conduct a landscape analysis of existing health equity tools and assessments to address the determinants of health inequity by June 1, 2024.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- DHSS Title V Block Grant.
- DHSS Office of Rural Health.
- DHSS Primary Care Needs Assessment.
- Partnership with HealthierMO Initiative.
- DHSS Better Communities for Better Health.
- Partnerships with academic institutions for research assistance.
- Heartland Center.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services.
- PHAB Standards and Measures.

**Objective 2: Using the landscape analysis findings, create a Health Equity Toolkit of actionable resources by June 1, 2025.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- DHSS Title V Block Grant.
- DHSS Office of Rural Health.
- DHSS Primary Care Needs Assessment.
- Partner with other organizations to disseminate toolkit.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services.
- PHAB Standards and Measures.

# Strategic Priority Issue No. 5

## Social Determinants of Health (SDoH)

**SDoH Goal 1: Advance health equity in Missouri by creating and promoting a set of actionable resources which address the social determinants of health.**

### Overview

One commonly used definition of health equity is when all people have “the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance’.”<sup>xv</sup> Healthy People defines health equity as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”<sup>xvi</sup> Health is influenced by many factors, which may generally be organized into five broad and interconnected categories known as determinants of health: genetics, behavior, environmental and physical influences, medical care and social factors. Social determinants of health encompass economic and social conditions that are shaped by socioeconomic and political factors (e.g., policies, culture, and societal values) and influence the health and well-being of people and the communities with which they interact.

<sup>xviii, xix, xx</sup>

### Objectives

1. Conduct analysis of existing health equity tools and assessments to address the determinants of health inequity by June 1, 2024.
2. Using the landscape analysis findings, create a Health Equity Toolkit of actionable resources by June 1, 2025.
3. Develop and implement a dissemination plan to share the Health Equity Toolkit with organizations by Jan. 1, 2027.

**Objective 3: Develop and implement a dissemination plan to share the Health Equity Toolkit with organizations by Jan. 1, 2027.**

#### Metrics:

- Number of visits to equity toolkit website.

#### Activities & Resources:

- DHSS Title V Block Grant.
- DHSS Office of Rural Health.
- DHSS Primary Care Needs Assessment.
- Partnership with HealthierMO Initiative.
- MoALPHA conference.
- Information page that can be used by partners to introduce the toolkit.
- Health Equity Action Team (see Goal 2 of this priority issue).

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services.
- PHAB Standards and Measures.

# Strategic Priority Issue No. 5

## Social Determinants of Health (SDoH)

### SDoH Goal 2: Improve health equity by building and leveraging collaborative public health efforts.

#### Overview

Effective partnerships are essential for community-based solutions to make health equity a shared vision and value, increase the community's capacity to shape outcomes, and foster multi-sector collaboration. Partners are able to deploy unique skills and access resources to serve a variety of roles in community-based solutions for health equity. Systems functioning in silos may increase efficiency, expertise, and logistical flow, but improved outcomes will require innovative ways of defining the challenges and brainstorming how cross-sector partners can come together, leverage work from other fields, and work effectively as a team.

<sup>xxi</sup> Cross-sector public sector and public-private partnership approaches address challenges to the well-being of local communities by including a social justice and equity lens in all policies and collaborating to change the local conditions for health.<sup>xxii</sup>

#### Objectives

1. Organize a cross sector Health Equity Action Team by Dec. 31, 2022, to empower state and local leaders to advance health equity system-wide.
2. DHSS, with the assistance of the Health Equity Action Team, will work to integrate health equity principles into all DHSS policies and programs by Jan. 1, 2027, and create a template that state and local leaders could use for their communities.

**Objective 1: Organize a cross sector Health Equity Action Team by Dec. 31, 2022, to empower state and local leaders to advance health equity system-wide.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- DHSS Title V Block Grant.
- DHSS Office of Rural Health.
- DHSS Primary Care Needs Assessment.
- Partnership with HealthierMO Initiative Health Equity Design Team.
- Partnerships with academic institutions for research assistance.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services.
- PHAB Standards and Measures.

**Objective 2: DHSS, with the assistance of the Health Equity Action Team, will work to integrate health equity principles into all DHSS policies and programs by Jan. 1, 2027, and create a template that state and local leaders could use for their communities.**

#### Metrics:

- Percent of DHSS policies reviewed.

#### Activities & Resources:

- Health Equity Action Team (Goal 2 objective 1).
- External stakeholder participation in the review process and template creation.
- Senior leadership sponsor.
- Connection with Health Equity Toolkit (Goal 1 objective 2).

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- Foundational Public Health Services.
- PHAB Standards and Measures.



## **Strategic Priority Issue No. 6**

### **Whole Person Health Access**

Whole person health access means having access to all needed medical, dental and behavioral health systems and information about healthy lifestyle choices to address the needs of the entire person. Each of the goals in this priority issue aim to increase overall health outcomes by ensuring that Missourians have the knowledge and access that they need to remain healthy and safe.

#### **Key Health Issues targeted**

- Health Access & Cost
- Mental Health Access/Suicide Prevention
- Dental Care

# Strategic Priority Issue No. 6

## Whole Person Health Access (WPHA)

### **WPHA Goal 1: Improve the health of Missourians by increasing access to medical, dental, maternal and behavioral health services.**

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment, but also address barriers that impact provider coverage.

Learn more on  
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### **WPHA Goal 2: Improve health outcomes in the state of Missouri by increasing community health education and awareness.**

Missouri has limited resources for health education. The overall goal is aimed at bringing together resources to collectively target education efforts and train non-traditional influencers in order to address mental health education.

Learn more on  
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# Strategic Priority Issue No. 6

## Whole Person Health Access (WPHA)

**WPHA Goal 1: Improve the health of Missourians by increasing access to medical, dental, maternal and behavioral health services.**

### Overview

Missouri has many areas of the state that lack sufficient providers to provide medical, dental, maternal and behavioral health services. The overall goal is to collaboratively work together to address recruitment but also address barriers that impact provider coverage.

### Objectives

1. Create a collaborative structure within the public health system which meets at least annually to analyze data and propose strategies to address care deserts in Missouri over the next five years.
2. Convene public health system stakeholders by June 1, 2024, to review the impact of legislative waivers used to address the COVID-19 emergency, and educate policy makers around those practices that may have long term benefit to Missourians' health.

**Objective 1: Create a collaborative structure within the public health system which meets at least annually to analyze data and propose strategies to address care deserts in Missouri over the next five years.**

#### Metrics:

- Number of participants at annual meetings.

#### Activities & Resources:

- Mobile health unit.
- Collaborative meetings with Federally Qualified Health Centers (FQHC) and LPHAs.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.

**Objective 2: Convene public health system stakeholders by June 1, 2024, to review the impact of legislative waivers used to address the COVID-19 emergency, and educate policy makers around those practices that may have long term benefit to Missourians' health.**

#### Metrics:

- Not applicable.

#### Activities & Resources:

- Internal legislative review.
- Collaboration with Missouri Primary Care Association and other local organizations.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.

# Strategic Priority Issue No. 6

## Whole Person Health Access (WPHA)

Improve health outcomes in the state of Missouri by increasing community health education and awareness.

### Overview

Missouri has limited resources for health education. The overall goal is aimed at bringing together resources to collectively target education efforts and train non-traditional influencers in order to address mental health education.

### Objectives

1. Create a Missouri public health system awareness campaign calendar, which focuses on educating the public on common health & behavioral health issues by Jan. 1, 2025.
2. Partner with DMH and other healthcare entities to encourage Missourians to undergo Mental Health First Aid (MHFA) training over the next five years.

**Objective 1: Create a Missouri public health system awareness campaign calendar, which focuses on educating the public on common health and behavioral health issues by Jan. 1, 2025.**

#### Metrics:

- Number of organizations agreeing to align health awareness campaigns.

#### Activities & Resources:

- Internal DHSS programs which already do health education.
- Collaboration with external stakeholders for alignment.
- CDC health awareness calendar.
- State Health Assessment.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.

**Objective 2: Partner with the Missouri Department of Mental Health and other healthcare entities to encourage Missourians to undergo Mental Health First Aid (MHFA) training over the next five years.**

#### Metrics:

- Number of Missourians who undergo MHFA training.

#### Activities & Resources:

- Train the trainer for MHFA.
- Mental Health First Aid website.
- Partner with organizations to encourage MHFA as part of onboarding.

#### Alignment at the national, state and local levels:

- Essential Public Health Services.
- PHAB Standards and Measures.

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